

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET, ROOM 437 LOS ANGELES, CALIFORNIA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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November 2, 2006

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, CA 90012

Dear Supervisors:

FILED M 10: 20

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10884029 in amount of \$30,871.43 Account Number 10966823 in amount of \$10,237 Account Number 11054967 in amount of \$4,858.50 Account Number 10890162 in amount of \$3,553.17

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

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IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

factory represented (for)

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,

MARK J. SALADINO

Treasurer and Tax Collector

MJS:SFJ:ts X:Comp.86

Attachments

c: Chief Administrative Officer County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

≁rincipal Deputy County Counsel

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 86A DATE: November 2, 2006

		Account	
Amount of Aid	\$179,696.00	Number	10884029
Amount Paid	0.00	Name	Adult Male
		Service	
Balance Due	179,696.00	Date	1/27/03 to 9/29/03
Compromise			
Amount Offered	30,871.43	Facility	LAC USC Medical Center
Amount to be		Service	
Written Off	\$148,824.57	Туре	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a trip and fall accident on private property. He was treated at LAC USC Medical Center at a cost of \$179,696.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

		Proposed	Percent of
Disbursements	Total Claim	Settlement	Settlement
Attorney Fees	\$ 35,000.00	\$ 35,000.00	35.00%
Attorney Cost	8,630.70	7,385.70	7.39%
Huntington Hospital	1,190.83	0.00	0.00%
County of Los Angeles	179,696.00	30,871.43	30.87%
Net to Client	N/A	26,742.87	26.74%
Total	\$224,517.53	\$100,000.00	100.00%

Our financial investigation reveals that the client supports himself with a minimal income. He has no other source of income or tangible assets.

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 86B DATE: November 2, 2006

		Account	
Amount of Aid	\$34,124.00	Number	10966823
Amount Paid	0.00	Name	Adult Female
		Service	
Balance Due	34,124.00	Date	2/07/05 to 2/22/05
Compromise			
Amount Offered	10,237.00	Facility	Harbor UCLA Medical Center
Amount to be		Service	
Written Off	\$23,887.00	Туре	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$34,124.00. Medi-Cal covered only three outpatient charges. There is no private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$ 5,550.00	18.50%
Attorney Cost	785.47	785.47	2.62%
Dr. Arthur Krietenburg	1,190.00	357.00	1.19%
Dr. Chris Zahiri	2,150.00	645.00	2.15%
Executive Hand Therapy	582.00	175.00	0.59%
Medi-Cal Lien	570.00	171.00	0.57%
Centinela Radiology	331.00	100.00	0.33%
Centinela ER Physicians	363.00	109.00	0.36%
Centinela Hospital	7,654.00	2,293.00	7.64%
Ambulance	689.00	206.00	0.69%
County of Los Angeles	34,124.00	10,237.00	34.12%
Net to Client	N/A	9,371.53	31.24%
Total	\$58,438.47	\$30,000.00	100.00%

Our financial investigation reveals that the client is employed and supports herself with a marginal income. She has no other source of income or tangible assets.

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 86C DATE: November 2, 2006

Amount of Aid	\$68,614.00	Account Number	11054967
Amount Paid	0.00	Name	Adult Male
Balance Due	68,614.00	Service Date	9/23/05 to 10/27/05
Compromise Amount Offered	4,858.50	Facility	Martin Luther King Medical Center
Amount to be Written Off	\$63,755.50	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Martin Luther King Medical Center at a cost of \$68,614.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$ 5,000.00	33.33%
Los Angeles Fire Department	485.00	485.00	3.23%
Daniel Freeman Hospital	15,015.00	1,515.00	10.10%
County of Los Angeles	68,614.00	4,858.50	32.40%
Net to Client	N/A	3,141.50	20.94%
Total	\$94,114.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is retired and receiving social security. He has no other source of income or tangible assets.

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 86D DATE: November 2, 2006

Amount of Aid	\$27,438.00	Account Number	10890162
Amount Paid	0.00	Name	Adult Male
Balance Due	27,438.00	Service Date	2/21/04 to 9/17/04
Compromise Amount Offered	3,553.17	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$23,884.83	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$27,438.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,813.00	\$ 5,813.00	38.76%
California Medical Center	14,644.26	1,445.00	9.63%
Vermont-Gage Chiropractic	7,465.00	750.00	5.00%
Los Angeles Fire Department	377.00	134.00	0.89%
County of Los Angeles	27,438.00	3,553.17	23.69%
Net to Client	N/A	3,304.83	22.03%
Total	\$55,737.26	\$15,000.00	100.00%

Our financial statement reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.